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**Advanced Nurse Practitioners' (Emergency) perceptions of their role, positionality and professional identity: a narrative inquiry**

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## **Abstract**

**Aim:** To explore Advanced Nurse Practitioners' (Emergency) perceptions of their role, positionality and professional identity.

**Background:** Advanced nursing practice was formally established in the Republic of Ireland in 2001. Currently, 240 Advanced Nurse Practitioners and 285 Advanced Nurse Practitioner candidates are registered with the Nursing and Midwifery Board of Ireland. The projection is to increase to this critical mass to 750 advanced practitioners by 2021, representing 2% of the nursing workforce. Advanced practitioners (Emergency) provide the full episode of emergency care for a specific cohort of clients whose conditions are unscheduled, undifferentiated and undiagnosed.

**Design:** A qualitative narrative inquiry using Bourdieu's key concepts of habitus, field and capital as the theoretical framework was undertaken.

**Methods:** Data were collected in ten in-depth narrative interviews with advanced nurse practitioners (Emergency). Data were analysed using content analysis.

**Results:** Five key themes were identified: participants' career pathways, personal and professional transitions, role dimensions and core concepts, position within the organisation, and emergent professional identity. A dissatisfaction with their management roles and a desire to be clinically-close to the client led participants to an advanced nursing clinical career trajectory. Role-transitioning and a change in habitus, field and capital revealed the uniqueness of their nursing role. Minimising waiting times, timely patient care and patient satisfaction were raised as key performance indicators. Participants explained that a heightened awareness regarding higher-level decision-making, autonomy and accountability are integral to advanced nursing practice.

**Conclusion:** This narrative inquiry illuminated advanced practitioners' perceptions of their role, positionality and professional identity, this allowed a unique insight into the practice

worlds of advanced nurse practitioners. Findings concluded that establishment of effective recruitment, retention and progression strategies require educational and support-scaffolding to ease transitions, promote the developmental pathway for graduate and specialist nurses/midwives, and build capacity to enable the critical mass of 750 advanced practitioners to be realised by 2021.

**Keywords: Nurse Practitioner, RANP, Advanced nursing practice, professional identity, positionality, RANPs' roles, narrative inquiry, Bourdieu, emergency-nursing, ED**

### **Why is this research needed?**

- The Advanced Nurse Practitioner role was established in Ireland in 2001 and is expanding exponentially nationally and internationally.
- Why a nurse chooses the ANP career trajectory is important to understand in order to achieve the recruitment and retention of the projected critical mass of 750 advanced practitioners by 2021.
- Promoting understanding of ANPs' roles among healthcare practitioners will serve to optimise the utilisation of advanced practice skills-sets in Irish healthcare.

### **What are the key findings?**

- ANPs stated reasons for their choice of career trajectory towards advanced nursing practice included a disconcertion with previous nursing management roles and a desire to be clinically-close to the patient.
- ANPs' positionality at Assistant Director of Nursing level and their emergent professional identity are key enablers to ensuring their roles demonstrate the attributes of advanced practice.

### **How should the findings be used to influence policy/practice/research/education?**

- Purposive educational and support scaffolding could to be developed to augment advanced practitioner recruitment, retention and progression strategies.

- Encouraging further dissemination of advanced practitioners' roles and scopes of practice may positively influence collaborative models of service delivery and policy generation.
- Forging collaborative links to inform training and development between ANPs and academic researchers may enhance advanced practitioner continued professional development.

\*In this article the terms ANP and RANP denote an advanced nurse practitioner who is registered with the Nursing and Midwifery Board of Ireland (NMBI), cANP is a registered nurse who is a candidate ANP undertaking a Masters' degree to enable registration with NMBI as a RANP.

## **1. INTRODUCTION**

International trends are currently focused on developing and extending advanced nursing practice roles (Schrober, 2016; ICN, 2019). The Commission of Nursing Report (1998) championed a complete revision of the structure of Irish nursing and recommended the establishment of a clinical career trajectory for advanced nursing practice (Government of Ireland, 1998). In 2001, the Advanced Nurse Practitioner (ANP) role was established in Ireland. Currently in Ireland there are 336 ANPs and with 92 ANP candidates working in over forty specialities (DOH 2019). The Department of Health (2019) projection is for 750 advanced nurse practitioners to be employed in the Irish healthcare system by 2021 in response to emerging and future service need, population demand and healthcare policy (Sláintecare 2017). Advanced nurse practitioners' (emergency) role, positionality and professional identity are key elements to the embedding and progression of this emerging nursing role in the Irish healthcare context.

### **1.1 Background**

In Ireland, advanced practice has a distinct focus and approach that enables practitioners with advanced nursing skill-sets and competencies to provide advanced-level nursing care. O'Halloran (DOH 2019, p.6) states that 'evidence has shown that the provision of care by advanced practitioners can increase hospital avoidance, early discharge, improve accesses to services, integrated care and patient flow through the health services.' Development of advanced practice roles in the speciality of emergency care have evolved alongside developments in practitioner roles nationally and internationally. Currently eighty-seven advanced practitioners (ED) are practising as key members of Irish emergency care teams providing care for clients' full episode of care for patients whose conditions are unscheduled,

undifferentiated and undiagnosed (Small 2010, HSE 2013, McDaid et al. 2015, DOH 2019).

Unique and significant to the discipline of emergency advanced practice.

The current model of advanced practice in Ireland defines ANPs' domains of practice and competency standards are to:

‘apply ethically sound solutions to complex issues related to individuals and populations; utilise advanced knowledge, skills, and abilities to engage in senior clinical decision making; actively contribute to the professional body of knowledge related to his/her area of advanced practice; negotiate and advocate with other health professionals to ensure the beliefs, rights and wishes of the person are respected; to manage risk to those who access the service through collaborative risk assessments and promotion of a safe environment; lead in multidisciplinary team planning for transitions across the continuum of care’ (NMBI 2017, p.16-19).

Internationally definitions of advanced practice, advanced practitioners' registration and scopes of practice are not standardised, this renders international comparisons difficult (Begley et al., 2010; Carney, 2016, Schober 2017). However, comparing similarities between Ireland and international models of advanced practice, at similar or at more advanced stages of development, can serve to inform wider healthcare contexts of enablers, barriers and challenges. A review of the literature on advanced practice and advanced practitioners (emergency) was systematically undertaken. Limitations of qualitative empirical data from ANPs' (emergency) perspectives were identified. Where studies had been conducted, these predominantly focused on role dimensions and quantitative outcome measures (Begley et al., 2010; Kennedy et al., 2011; McDonnell et al. 2015). A paucity of methodologically robust national and international qualitative research from the perceptions of advanced practitioners (emergency) was realised. The rationale for researching these concepts was to value-add to existing knowledge from a qualitative ontological approach.

## **2. THE STUDY**

## **2.1 Aims**

The aim of this narrative inquiry was to explore advanced nurse practitioners' (emergency) perceptions of their role, positionality and professional identity. The research questions were:

- How do ANPs describe their reasons for becoming an ANP and their transition from their previous nursing role to becoming an ANP?
- What are ANPs' (Emergency) perceptions of their role, positionality and professional identity?

## **2.2 Design**

A narrative inquiry using in-depth interviews was undertaken to explore ANPs' perceptions of their role, positionality and professional identity. A strength of the naturalist paradigm is that it enables people to be studied in their natural setting and attempts to make sense of meanings people bring to their worlds (Denzin and Lincoln 2011). Underpinned by epistemological assumptions that human beings make sense of their experiences through story telling patterns and key elements. Plummer (1983), Watson and Watson-Franke (1985) and Silverman (2001) define narrative methodology as aiming to gather an authentic understanding of people's lives derived from the stories of the people living their lives. Marshall and Rossman (2011) identify that narrative inquiry is of particular benefit in studying aspects of acculturation and socialisation in institutions and professions. In order to explore ANPs' (Emergency) perceptions of their role, positionality and professional identity it is pertinent to purview their worlds and their culture as they narrate them. It provides significant scope to contribute to understanding social and organisational lived experiences. A naturalistic qualitative approach of narrative inquiry was appropriate to the aims of this study in exploring the perceptions of individual advanced practitioners.

To select an appropriate philosophical frame for the study, theories including the negotiated order, feminist theory, role theory and Bourdieu's key concepts were reviewed. Bourdieu's philosophy habitus, field and capital were selected as the most appropriate theory to enable



subtle and tacit dimensions to be made explicit, qualities that can often be hidden when researching practice domains.

### **2.3 Participants**

Purposive sampling was used to recruit RANP (emergency) participants as naturalistic inquiry relates to the context and not to statistical considerations, as Teddie and Tashakkori (2009) comment, sampling involves selecting units that maximises the researcher's ability to answer the research question. This specialism was selected as they were the first established and represent the largest cohort of RANPs. Due to the lack of a direct advanced practitioner contact list, an advanced practitioner (emergency) was approached to act as a gatekeeper allowing participants' information leaflets to be circulated anonymously. She agreed, and this information was distributed. The inclusion criteria were that they were working in Ireland as a RANP (emergency). The emergency specialism was selected as they are currently the largest ANP cohort. No stipulation was made regarding length of time in post or location/size of emergency departments (ED) as it was hoped to capture and maximise variance in lived experiences. Analysis of commonalities within and between participants was possible as all participants were sampled from the same nursing specialism giving rise to the exploration of similarities and differences in experiences, language and culture.

In 2016 the total population size of registered advanced practitioners (emergency) was eighty-seven (DOH 2019) and a representative sample of ten participants took part in this study. It was deemed that after ten narrations saturation, where no new information was emerging, had been achieved. Baker and Edwards (2012) add that sampling should be determined by the focus of the research question, aims and objectives and led by quality and not by numbers. This concurs with Mason (2002) who states, that in qualitative research, the guiding principle should be the concept of saturation.

## **2.4 Data collection**

A pilot study was undertaken with two ANPs which resulted in refinement of the research design to widen the key concept of role to include positionality and professional identity. Data for this study was collected between November 2012 – August 2014. Narrative in-depth interviews were undertaken by the researcher at a time and location chosen by participants. All were held in the advanced practitioners' naturalistic setting; one narration request was made:

‘I would like you to tell me about your perceptions of your role as an ANP (emergency). The best way to do this could be for you to start from how you came to be an advanced nurse practitioner and then tell me all about what it is like for you being an advanced nurse practitioner from when you became an ANP up until today. You can take your time in doing this, and also give examples, because for me everything is of interest that is important to you.’

The audio-recorded narrations lasted between twenty – ninety minutes. To further immerse myself in the data and to ensure consistency, all transcriptions and reflective field notes were maintained by the researcher. After ten narrations data was re-enforced and deemed complete for data analysis (Baker & Edwards, 2012).

## **2.5 Ethical considerations**

Study participants came from different hospital groups; therefore, Nursing Research Access Approval and Nursing Research Ethical Board approval was applied for and granted from all seven groups.

## **2.6 Data analysis**

The data were analysed using content analysis with emergent themes and category formation presented in Table 2. NVivo Version 9.2 was used as a data management tool to code data. In order to ensure accuracy and trustworthiness, following data analysis, member checking was

employed. Three randomly selected participants were contacted via email and asked to verify the findings and all three responded that the analysis accurately represented their experiences.

## **2.7 Trustworthiness**

To assure trustworthiness Elliott, Fischer and Rennie's (1999) validity criteria was applied as a framework for assuring quality. Examples from the narrative data evidence analysis; interpretation and credibility checks by participants promoted coherence in the telling of the participants' stories and added trustworthiness. Sandelowski (1991 and 1993) highlights that in the persistent search for rigour in qualitative research, issues are raised such as rigidity and uncompromising harshness. She contends that "rigour is less about adherence to the letter of rules and procedures than it is about fidelity to the spirit of qualitative work" (Sandelowski 1993, p2). Reality within the interpretative paradigm is assumed to be multiple and constructed rather than singular and tangible. The uniqueness of this research is achieved by being true to the meanings derived from the narratives at the time that they were given.

## **3. FINDINGS**

### **3.1 Participants**

The study participants were ten registered advanced nurse practitioners (emergency) who worked in seven different hospitals in both urban and rural locations across Ireland. To protect anonymity, participants have been given female pseudonyms: Sorcha, Niamh, Caoimhe, Róisín, Erin, Ciara, Aoife, Clodagh, Saoirse and Síle (Table 1). Each participant's individual voice, journey and experiences are traced through the data. This ensured that the dimensions within each of the themes were fully understood. Sorcha, Niamh and Erin were team colleagues in one ED and Caoimhe and Róisín worked together in another ED. Ciara, Aoife, Clodagh, Saoirse and Síle had ANP or ANP candidate colleagues. This made possible individual case exploration alongside team case comparisons and between case comparisons.

This approach enabled the development of understanding from individual and collective experiences and perspectives.

### **3.2 Themes and Categories**

Five themes and several categories emerged from the analysis of the narrative data as detailed in table 2. Emergent themes were: *participants' career pathways, personal and professional transitions, role dimensions and core concepts, position within the organisation, and emergent professional identity*

#### **3.2.1 Participants' career pathways**

All participants started their narrations with reflection on their nursing career trajectories. Traditional career pathways of undertaking nursing training, qualification as a nurse, followed by a period of consolidation in clinical nursing practice was the pathway taken by all participants. Most participants had opted to spend their initial post-registration period working in emergency nursing. Niamh, Caoimhe, Ciara, Síle and Clodagh commented on seeing nurses undertaking advanced practice roles whilst working overseas, examples included suturing, cannulation, and Plaster-of-Paris applications. All participants had gained substantial experiential knowledge post-qualification and had undertaken emergency nursing qualifications during this period. A move into nursing management was made by all participants and they all recounted the inevitability of working in nursing management as prior to the Commission on Nursing (1998) no clinically-based nursing career trajectories existed. The Commission on Nursing report proposed changes to the structure of Irish nursing which included advanced practice roles. Clodagh reflected that opportunities developed to advance nurse practitioners' scope of practice. Interestingly, the dissatisfaction participants felt in these management roles were reflected in the narrations. Descriptors referring to the ANPs' experiences in nursing management included 'ground-hog day' (Niamh) and 'no

man's land' (Róisín). These sentiments were also reflected in other ANPs' narratives, for example:

Caoimhe: "I was a CNM2 (Clinical Nurse Manager); I was the apologist for every mistake that went on in the hospital: waiting times, no beds, no staff and everything else that went with it"

Síle: "I got a CNM post and by 2004 I had completely burnt out with that, I just really had had enough with that, it was the long waits - the trolley waits in [city] were just horrendous. I think it is a job you cannot do long term"

These findings provide collective representation of participants' experiences in their management roles with participants reporting feeling a distancing from the patient when in these positions. This perceived distancing was judged negatively and caused a lack of synergy for the advanced practitioners as all expressed a strong desire to be close to the patient; this they saw was achievable by returning to frontline clinical practice

Sorcha: "You got further and further and further away from the patient as you became more senior in whatever role, but particularly, if you were going into the management role".

The desire for direct patient care was a driving force to undertake ANP candidacy; a desire which did not appear satisfied in management roles. Three ANPs echoed this motivation as described by Sorcha.

Sorcha: "As time went on, I realised that I really missed the clinical area and I missed the hands on' and 'I felt to be honest that you weren't really doing much nursing as a CNM. As an ANP going back to the patient I took to it like a 'duck to water' and I loved it and I really loved being back with the patients seeing what their problems were"

The discord experienced by the ANPs at this point in their careers acted pivotally in them seeking a change in their career trajectories to advanced practice.

### **3.2.2 Personal and professional transitions**

Participants reflected on a myriad of personal and professional transitions they experienced including transitioning from nurse manager to ANP candidate, and from ANP candidate to

RANP. Master's degree level education brought educational challenges. Effects on family life, the need for temporary relocations and costings, changing their jobs and feelings about becoming students again were all reported as significant life events that impacted both positively and negatively on the lives of the participants.

Initially the experiences and emotions of moving from management positions to becoming ANP candidates was reflected on by all ANPs as a positive step in their quest to move from the realm of management back to a clinical role. ANP candidacy provided this opportunity. Niamh reflected

Niamh: "I dropped the management mantle pretty quickly"

The move from senior management positions to a student role as an ANPc presented both positive and negative impacts on how participants perceived themselves, and how they perceived that others in the field saw them.

Sorcha: "the whole 'novice to expert' thing, that in itself is a transition and the transition, from that point of view can often be disconcerting. The confidence that you would have in expediting one role to not being able to do much in the other can be quite stark for some people"

Clodagh expressed that support from colleagues influences positive identity formation.

All participants commented that they had experienced a learning curve, educationally and practically, included educational challenges faced by undertaking the mandatory master's degree level study. As Aoife commented:

Aoife: "we are no longer just doers, we are thinkers as well and you have to be able to articulate your craft".

Some participants raised confidence issues, especially if they judged themselves to have been out of academia for a long period of time. Interestingly on completion of their masters all ANPs had positive perceptions. Saoirse reflected "I have never ever regretted doing it" and Síle "I thoroughly enjoyed my training, every minute of it". Any academic difficulties are

seen to have been offset by ANPs' clinical drive to become ANPs. Interestingly, Saoirse and Sorchá commented on the possibility of undertaking a professional doctorate but discounted this due to a dislike of academia. This is an important disclosure to ANP education providers regarding possible support-scaffolding for advanced practitioners' present and future academic developmental needs.

Ciara, Sorchá, Aoife and Saoirse commented specifically on learning that occurs in practice as the hidden curriculum, emphasising the enormity of this developmental stage:

Aoife: "A lot of the learning occurs when you come back into the clinical area and you work independently. You have to step up to the plate then and it is huge. You don't realise how huge it is until you are actually there"

Advanced practitioners in this study were at various stages in this process of transition. Some had been in post for many years and some were only recently qualified. ANPs are regarded as at expert practice level, and yet paradoxically as Sorchá commented,

Sorchá: "you think you have reached expert status, and the more you work at that, the more you return to the novice"

This reflection provides insight into the tacit dimensions associated with both changing role and status.

### **3.2.3 Role dimensions and core concepts**

ANPs' scope of practice has evolved on a continuum since its interception in 2002 (NCNM 2008, Casey et al. 2017, NMBI 2017, Fealy et al. 2018,). Participants acknowledged this evolution positively as aiding their personal and professional development, maintaining their motivations and challenging their practices.

Erin "I would always have perceived it as a role that was going to be essentially clinically-based and patient focused; very much a nursing role."

All participants gave very positive perceptions of their current role and highlighted the multidimensional nature of their advanced nursing practice. Caoimhe reflected that:

Caoimhe “I love the work itself, the hands on: meet the patient; see; assess; diagnose; treat; discharge; and everything that goes with it – I love it”.

Participants’ commentaries focus was predominantly centred on the discipline of emergency nursing as Sorchá reflects

Sorchá “my own perceptions of my role is, that in this role, I get to practice being a nurse and that is the bottom line as that is what I came into nursing to do. ... It is actually really gratifying to still be able to feel that I am actually a nurse and that I am providing nursing care”

Niamh acknowledges that diagnosing and differentiating are key elements that make their emergency advanced practitioner role unique.

Niamh “You are assessing patients who are undiagnosed and undifferentiated; you know nothing of their past medical history for lots of the time; so, you are in the dark and you have to find the light.”

The strongly reported feeling of having to quantify and justify their workload was raised by all participants. The participants in this study appeared very conscious of their client throughput numbers, and yet strongly acknowledge the importance of quality care provision above client figures. A tension appears to exist between balancing the provision of quality nursing care and keeping waiting times to within governmental set parameters. This appears to be a marker against which nursing and medical managers assess advanced practitioners’ achievements. This appears to be a point of tension for ANPs, as one participant, Erin, aligned it to “big brother is watching you”. A sense of vulnerability appears subtly in several narrations which may be reflective of the relative immaturity of the ANP role in the Irish healthcare field. Bourdieu (1990) describes cultural capital as a means whereby social actors vye to occupy dominant positions within the field. ANPs represent another layering to this hierarchical social world.

Clodagh: I do think we are at the whim of our medical colleagues who at any time could draw or pull the rug from under our feet.

Medicine and management were regarded as key elements in ANPs’ struggle to legitimize their own professional power and dominance.



ANP – patient therapeutic relationship was regarded by all participants as central to quality client care provision. A common response was that it is in how organisations operationalise the scope of professional practice framework that influences the enactment of their role and professional boundaries. The concepts of a heightened awareness of accountability in higher-level decision-making raised issues surrounding autonomy for all participants. As Erin comments “you are cautious, but you are experienced, and you are confident in your cautiousness.” However, Caoimhe was critical of their hospital’s constraints perceiving them as limiting her autonomy inappropriately:

“My work is defined by the protocols that I have to work to....and even within those protocols I am limited as to what I can do.”

There was disparity between what some participants felt they should be able to do and what their organisation permitted. Interestingly, Caoimhe’s colleague did not raise comparable organisational constraint issues. This would appear to substantiate Bourdieu’s suggestion that this disparity reflects complex and connected social relations that represent the fuzzy logic of practice.

The importance of professional and clinical leadership roles to their positionality was raised by participants giving examples of prescriptive and referral rights, and cross-disciplinary teaching. Interestingly, and significant to ANP knowledge generation, the core concept of research received little mention in the narrative data. Róisín and Erin acknowledged that research was an area ANPs felt they were under-achieving. This reticence was interesting as all participants had an established grounding in research through successful completion of their MSc theses as part of the pre-registration requirements. Possible reasons given as a lack of time, a lack of skills or as Erin reflected ‘you would rather be at the clinical area, that would be the honest answer’.

### **3.2.4 Participants’ perceptions of their position within the organisation**

Team-working, support of key stakeholders, and ANPs' communities of practice were reviewed when participants considered their positionality. Professionally, being a member of a team meant that collaboration and conferring over case-management was possible. Due to shift patterning an ANP may be the only ANP on duty at any given time. This appeared to be significant for several participants as collegial support was important. Key stakeholder support was acknowledged by Sorchia:

Sorchia: "The key stakeholders, who need to give you the support because if you do not have support from the Director of Nursing, who professionally is really your line manager, and then from the clinical perspective from the Consultant, the governance just won't be there for it to happen."

Four ANPs commented that they felt they were not supported at some point in their journeys by either senior nursing personnel or medical personnel. Examples relayed disputes over recognition of grades, status and remuneration. Interestingly, two practitioners who work in the same ED had very different perceptions about the organisational support they experienced, thus illuminating individual perspectives as opposed to collective experiences.

Patients were viewed as being positive exponents of the ANP role; happy that they are seen timely and do not have an excessive wait in the ED. Interestingly there was an assumption made that by being in the same profession that all nurses would have an insight and understanding of the ANP role. This was not universally experienced in practice; in fact, the participants reported a lack of awareness from both frontline nurses and nurse managers. A matter of concern as a lack of awareness of advanced practitioner Assistant Director of Nursing (ADON) status could negatively implicate on ANPs position in the field. Some participants commented that when they transitioned into their ANP role some nursing colleagues held negative perceptions.

Sorchia: "In that moving, even from a CNM position to an ANP position, culturally people would see you in a different light ... that you have changed allegiance almost".

Ciara clarified her perceptions:

“There was a bit of ‘who do you think you are?’ Until it was developed, and they could see that it was actually good for nursing.”

Participants judged in their experience that in general doctors were positive of ANPs’ clinical roles. It appeared very important to the ANPs that their clinical credibility was recognised and affirmed by medical staff:

Niamh: “they [consultants] know that if you [the ANP] are worried that they should be worried, so they come.”

Róisín: ‘they trust us, but you don’t just earn that overnight, you have to earn it’.

This was evidenced when three interviews were disturbed by doctors seeking participants’ input and advice in case-management.

### **3.2.5 Emergent professional identity**

All participants affirmed that advanced nursing practice is grounded in the philosophy of nursing paradigm. Their nursing identity held great significance for all participants.

Sorcha: “It is actually really gratifying to still be able to feel that I am actually a nurse and I am able to provide nursing care.... you are more of a nurse, in fact working in this type of role”

The importance of legitimising ANPs to have management authority enables their implementation of leadership and change practices. Several ANPs suggested that not being acknowledged as at Assistant Director of Nursing level by other senior nurse managers and frontline nurses was because the ANP role is predominantly clinically-based. This implies that nurses perceive that clinically-based roles hold less status than nursing management roles. Consequentially this lack of status included: ‘not being listened to’ (Aoife), ‘limitations in negotiation potential in meetings’ (Caoimhe) and ‘being disregarded’ (Clodagh) rendering ANPs’ potential influence at a disadvantage in wider nursing forums.

All participants expressed positive job satisfaction with the direct clinical nursing care that they personally provided, Róisín explained:

“If anyone asks me ‘what do you do?’ I always say, ‘I have the best job in the health service.’”

Reasons given for job satisfaction included: the ability to “connect with people”, “it is different”, “I have a bit of everything”, “achieved a lot professionally and academically” and of “being constantly challenged”.

Sorcha: “The job satisfaction is amazing . . . it is a very rewarding and fulfilling job. I certainly would not have felt as fulfilled if I had followed the management route.”

None of the participants expressed any discontent with their ANP career trajectory.

Niamh “I could see myself staying in this until I retire”.

This suggests that a state of synergy has been reached by the participants in their ANP role.

Organisational elements impacted on practitioners’ capacity to fulfil the five key advanced practice role extensions of prescribing medicinal products and ionising radiation; referral rights; diagnosis; admission and discharge; and certifying certificates. Some tensions were seen to exist in this process in some organisations and with some healthcare professionals; these were attributed to the bedding down of the role in practice and adaptation by organisations to ANPs new referral pathways. The ability to refer to aligned health professionals was judged as an important element in an ANP’s expert skills set. Legislative complexity at national level concerning policies regarding prescribing medicinal ionising radiation for certain presentations and interpretation at organisational level impacted negatively on the efficacy of advanced practitioner timely care. A sense of vulnerability appears subtly in several narrations which may be reflective of the relative immaturity of the ANP role in the Irish healthcare field and a lack of legatorial positionality.

Erin: “It will be interesting to see how things will evolve by the rolling out the roles of ANPs regarding remuneration and employing nurse practitioners”

#### **4. DISCUSSION**

#### **4.1 How ANPs describe their reasons for becoming an ANP and their transition from their previous nursing role to becoming an ANP - developing advanced practitioner habitus**

System changes brought by implementation of the Commission on Nursing were welcomed by participants to enable this new clinical career trajectory of advanced nurse practitioner. This was verified by the research literature (Government of Ireland 1998, O'Shea, 2008, Begley et al. 2010). Interestingly, identification of structural determinants in participants' career pathways emerged through reflections on their previous nursing management roles and experiences. Collectively, participants had worked in various nursing management roles in the Irish healthcare system and reported dissatisfaction with their management experiences. This coupled with, or maybe motivated by, a desire to return to clinical practice led participants to decide to become advanced practitioners. A significant finding that serves to inform future workforce planning if the critical mass of 700 ANPs to be realised in 2021.

Management roles were regarded as being removed from patient contact and were marred with legatorial difficulties such as overcrowding, bed shortages, long waiting times, trolley waits, and poor staffing from within the ED healthcare system, yet paradoxically, management roles directly influence patient care. It would be valuable to ascertain if it was management per se that the participants disliked or the situational context of ED management that led to their dissatisfaction. It seems that these two elements juxtapose. Participants were dissatisfied with current management roles and this motivated a desire to return to clinical practice. Bourdieu's thinking tools profess that structuring conditions and structural changes play a central role in determining agents' habitus highlighting the relational elements of choices taken, and links collective narrative reasoning, to wider social trends and influences (Bourdieu 1998). The findings suggest that it is often a combination of factors, but the driving force appears to come from within the nurses themselves in response to dissatisfaction with their nursing management experiences, coupled with a desire to be based

clinically close to the patient. Developing this understanding may serve to inform ANP recruitment, retention and progression strategies and practices that is key to ensuring the projected target of 750 ANPs by 2021 can be realised.

Participants' personal and professional transitioning found each participant demonstrated commitment to advanced practice as a nursing discipline. Significance of personal and professional transitioning from nurse to ANP was acknowledged (Benner, 1984; Woods, 1999; Altman, 2007; Bailey, 2015; Barnes, 2015). ANPs' habitus develops through formal master's degree level nurse education, and informal experiential learning. The theory that the discernment of rules, patterns of interpretation, behaviours and values are learned is presented in Bourdieu's key concept of habitus (Bourdieu 1990). Jenkins (2008) identifies that these are often not explicit as it is through transitional processes that 'human flourishing' and 'learning the craft' extends beyond the pure acquisition of clinical skills.

Learning the artistry of how to be an ANP through practice development methodologies includes role modelling by ANPs mentoring ANPc (Manley et al., 2011; Gerrish et al., 2012; McCormack et al. 2013; Elliott et al., 2016). An individual's habitus is reformed and reinforced by their candidacy and thus their dispositions are borne from a collective habitus. This consolidation was judged by participants as important in the development of the professional discipline of advanced nursing practice. Transitional support-scaffolding is suggested by Kennedy et al. (2011) to help ANPs in their process of transitioning as the deconstruction of their former habitus takes place simultaneously with the reconstruction of their new ANP habitus reflecting Benner's (1984) transitional theorem in moving from 'novice to expert' and Woods (1999) transitional stage theory.

#### **4.2 ANPs' (Emergency) perceptions of their role, positionality and professional identity**

The literature identified that a heightened sense of the concepts of accountability, responsibility and autonomy in decision-making are synonymous with higher-level expert practice. Participants confirmed this theory was realised in their practice with the enormity of the concept of accountability illustrated throughout all narrations. Professional efficacy through the concepts of autonomy and accountability are integral in advanced practice roles that extend professional boundaries through prescriptive and referral rights (Lockwood & Fealy 2008; Thompson & Meskell 2012; Elliott et al., 2014; Higgins et al., 2014; Hutchinson et al., 2014). This sensitivity and insight were demonstrated through the practice-based examples participants gave throughout their narrations.

Master's degree level educational challenges experienced nurses is a unique observation from this study in the context of advanced practice nationally; Currently this finding is contextually significant in Ireland, as master's degree level education is not currently a prerequisite internationally to register as an advanced practitioner. However, this finding may be transferrable to other jurisdictions, such as Wales where master's level education is a requirement for ANP registration (NHS 2010).

#### **4.2.1 Field - reconstructing advanced practitioner positionality**

- ANPs' (Emergency) perceptions of their position within the organisation

Changes in the organisational infrastructure of the healthcare field, and the reorganisation of professional boundaries in this new advanced practitioner role, have led to reconstruction in the habitus of ANPs. Bourdieu theorises that meanings develop over time in relation to the contexts in which agents operate (Bourdieu 1990). This enables agents to make sense of themselves and develop an identity that they regard as socially legitimate. ANPs' (Emergency) field and scope of practice is acknowledged in the literature as unique and multidimensional in nature. The value of social networks is regarded as engendering

positively how agents engage with everyday practice. Support gleaned from personnel in the field was regarded as an important element to promote ANPs' synergy.

The support of key stakeholders was explored by the participants as an important essential element to enabling their role fulfilment. The literature affirms that supportive stakeholders, including medics, nursing management and multidisciplinary team members, impact positively on the positionality of ANPs within an organisation (Begley et al., 2010; HSE 2012; Schadewaldt et al., 2014). Organisational readiness is regarded as important in the development of effective workplace cultures where conditions such as organisational readiness (Manley et al., 2011) and effective workplace cultures (Hardy et al., 2013) align to promote practice development. The ethos of the organisation and management, role development, and transition reflects Bourdieu's thinking that the development of new practice roles results in change in an individual's structure and agency. Eclectic elements make up the complex organisational context within which ANPs practise, and in turn, this influences their positionality within their wider communities of practice (ten Hoeve et al., 2014).

Participants suggested that these disparities exist because some nurses have a genuine lack of understanding of the role. Reminiscent of Woodward, Webb and Prowse's (2006, p274) visual imagery of "swimming with the sharks" some participants reflected how this lack of understanding manifested in practice-based tensions. This is reflected in the development of the Emergency Medicine Programme (HSE 2012) which accords ANPs (Emergency) key roles in service delivery reforms. This has a positive effect on agents' capital and thus on practice development and on ANPs' position in their field. Contemporary literature notes that there are many factors influencing ANPs' evolving identity and achieving their unique roles and positions has taken place over time and continues in its evolution.



#### **4.2.2 Capital - structure and agency that influence ANPs' professional identity**

The theoretical complexities of researching practice are acknowledged by Bourdieu (1990) who presents a comprehensive critique of praxis. The participants agreed with a recommendation from the SCAPE study (Begley et al. 2010) that links been founded between hospitals and partner academic institutions nationally. It would be valuable to assess the impact this collaboration has longitudinally on knowledge translation and scholarly publications. Supportive organisational contexts were regarded as enabling advanced practitioners to demonstrate key clinical leadership skills.

#### **4.3 Limitations**

Deliberate purposive sampling was based on the value of the information that could be gleaned from participants. Mason (2002) states sources must possess the potential to generate knowledge. Participants worked across multiple sites that resulted in many individual experiences and institutional variances being explored, ensuring that true reflections of ANPs' perceptions were gleaned. The quality and depth of narrative rich data obtained from ANPs' narrations off-sets a lack of generalisation as generalisability are not ontological or epistemological perspectives of the narrative paradigm. A strength of this study is how Bourdieu's key concepts provided an important analytical framework for understanding the interrelationship and interconnectedness between ANPs' habitus, field and capital.

### **5. CONCLUSION**

This research study contributes to knowledge generation through exploring advanced practitioners' perceptions enabling a greater understanding of ANPs' (Emergency) role, positionality and professional identity. These concepts enable advanced practitioner role-fulfilment and consequently ANPs' roles reflect the attributes of advanced practice. This is

seen to confirm and advance the current contemporary body of knowledge about advanced practice nationally and internationally.

## **5.1 Implications**

The findings reveal several implications to enhance advanced practitioner transitions and role efficacy. Through increasing awareness of ANPs' (Emergency) role and scope of practice amongst healthcare personnel may enhance service delivery and service planning at strategic levels. Support-scaffolding for ANPs on their master's educational pathway may encourage doctoral level study amongst ANPs. Forging links between nursing academics and ANPs serves to create appropriate course curricula for advanced practitioner CPD and encourages engagement in collaborative research activities. Further research to assess the effectiveness of collaborative networks between clinicians, MDT members and academics is required to promote maximisation of the potential for knowledge generation and translation in the disciplines of advanced practice and emergency nursing.

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